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# Mo'omō'ali Olakino (EHR)

## Medical Clearance Guide for K-12 Parents

January 2025

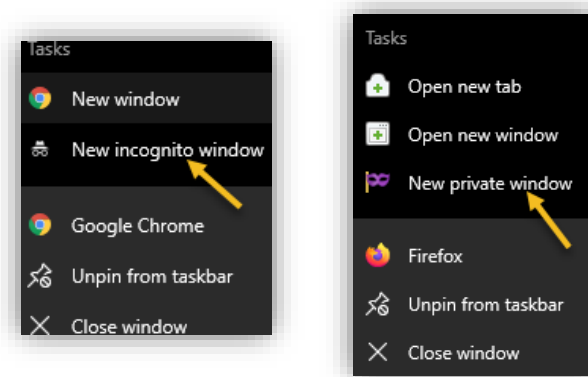
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## Logging In

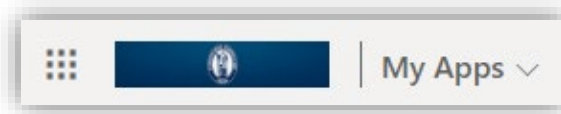
1. Use Chrome Incognito Window or Firefox Private Window for your browser.

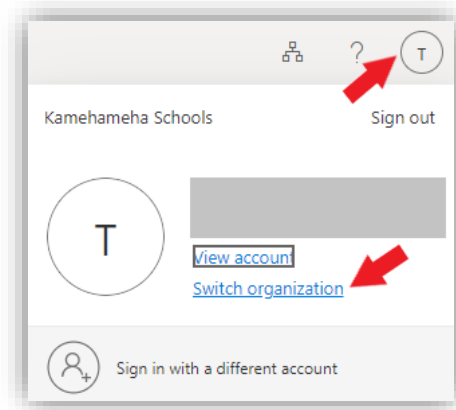


2. Go to <https://ohana.ksbe.edu/> and log in using your personal email that is on record with KS.

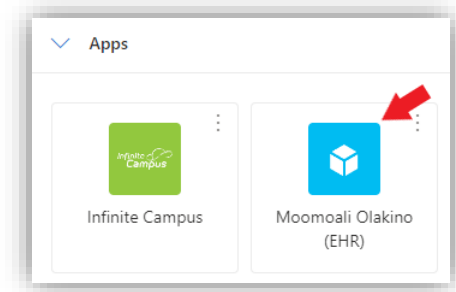


3. It should have the Kamehameha Schools icon on the upper left-hand corner. If it doesn't, click on the icon on the upper right-hand corner, then select 'Switch organization' and select your Kamehameha Schools account.

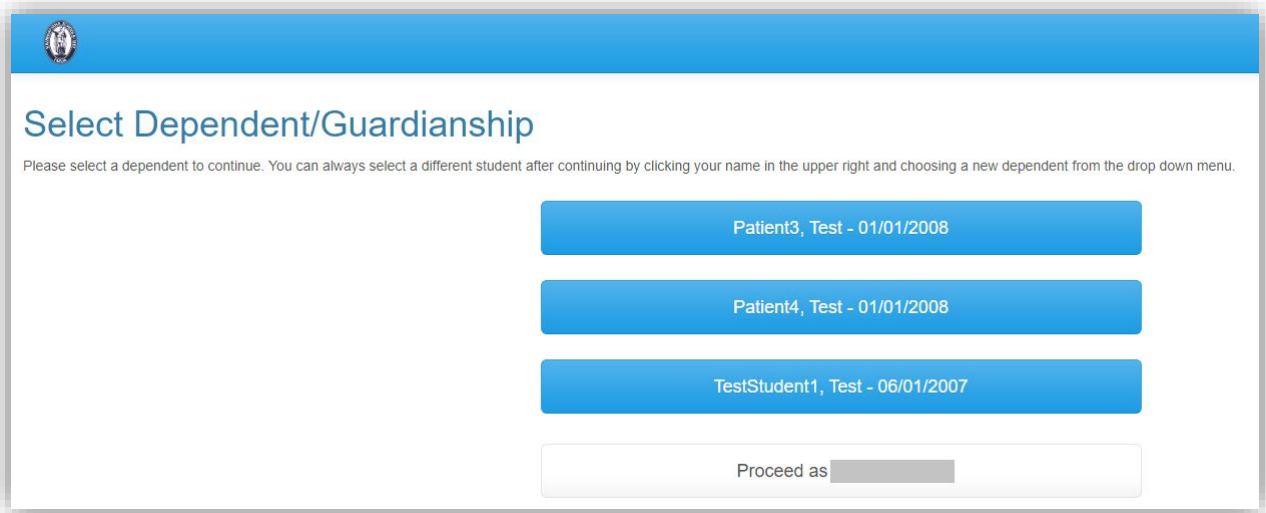




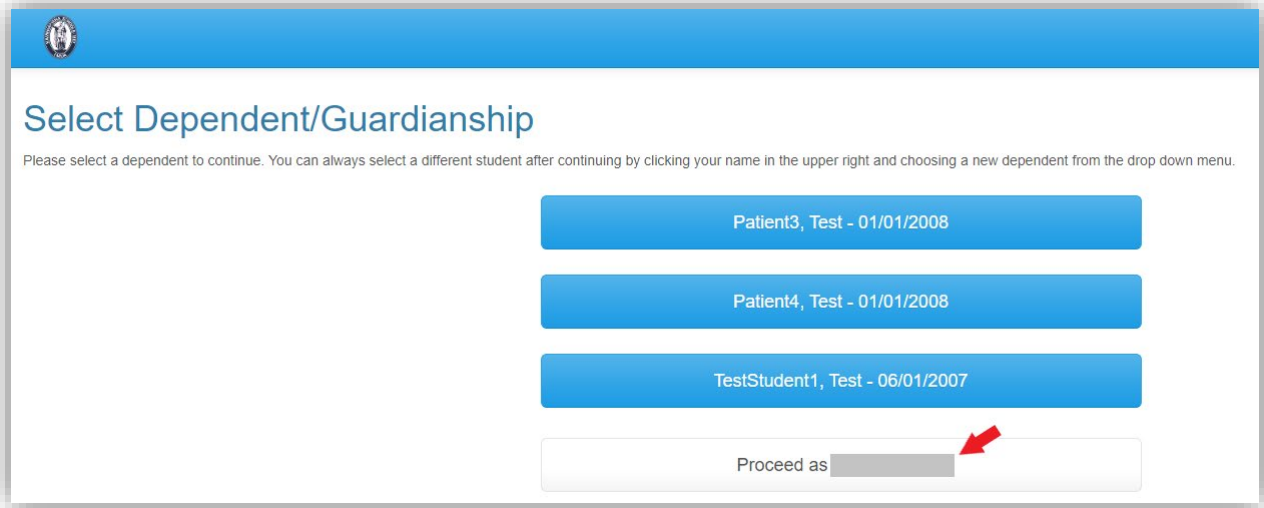
4. Once in your Kamehameha Schools account, select the Mo'omō'ali Olakino application.



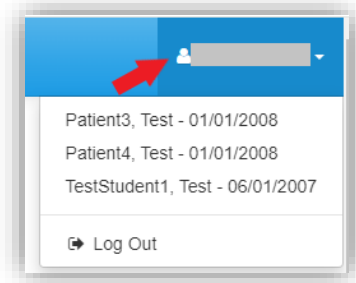
5. Select the child you wish to complete medical clearance requirements for.



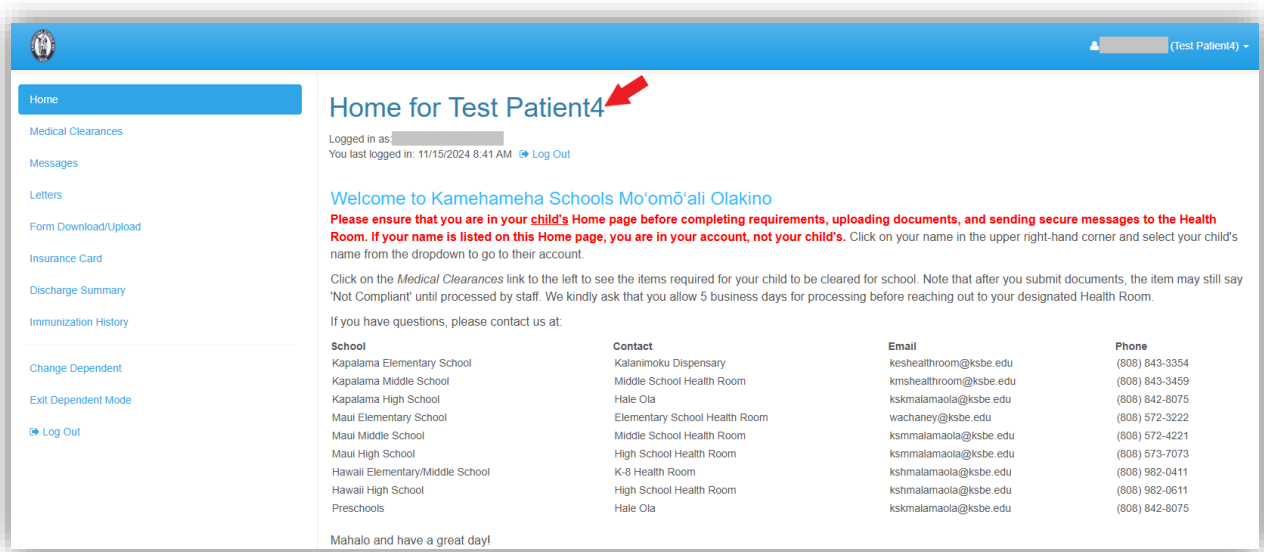
a. Note: At the bottom of the list, you will see the option to “Proceed as <your name>”. **Do NOT select this option.**



- b. If you accidentally select this option, click on your name in the upper right-hand corner, then select the child you wish to complete medical clearance requirements for.



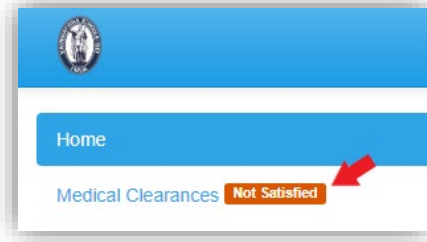
- 6. Once logged in, the Home page will appear with your child's name. **Ensure that you are in your child's Home page before completing requirements, uploading documents, and sending secure messages to the Health Room.**



## Complete Medical Clearance Requirements

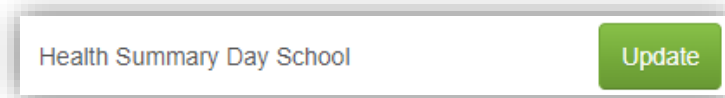
1. Select **Medical Clearance** to view the necessary requirements to complete medical clearance.

*Note: Requirements will vary based on student status (new or returning), grade, etc.*

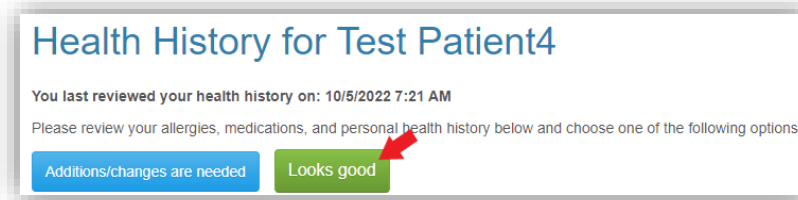


**Health Summary:** Required every year prior to the start of school and can be updated throughout the school year.

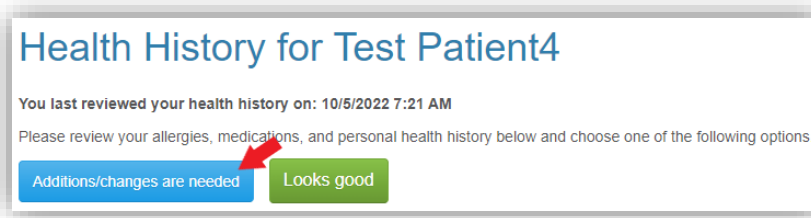
1. Select **Update** next to *Health Summary Day School*.



2. Review the health history listed for your child.
3. If everything is up-to-date, select **Looks Good**.



4. If anything needs to be added or changed, select **Additions/changes are needed**.



**Allergies:** Enter any allergies, including food and medication allergies, that your child has.

1. If your child does not have any allergies, select **No Known Allergies**.

The Item You Are Allergic To	Type of Reaction	
Dogs	Itching	Edit
Pollen Extract	no reaction noted	Edit
Egg	Hives; itchy eyes	Edit
Peanuts	Hives	Edit
NO KNOWN DRUG ALLERGY		Edit

Add No Known Allergies

2. Select **Add** to add an allergy to your child’s health history.

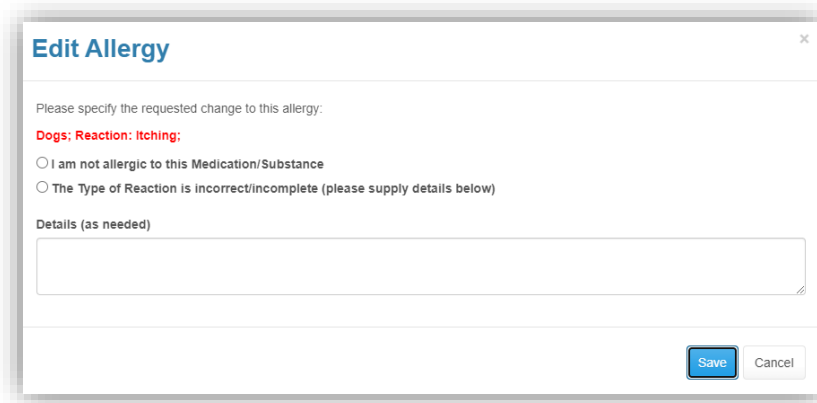
3. A pop-up window will open to enter the allergy. Add what your child is allergic to and the type of reaction.
4. If it is a food allergy, please check the appropriate box.
5. Select **Save**.

6. To edit any of the listed allergies, select **Edit**.

*Note: If you would like to remove an allergy that has been diagnosed by a provider in a prior Physical Evaluation Form, note, etc., a current provider’s note stating that the student is no longer allergic to the item is required. Please upload this document in the **Form Download/Upload** section, under the **Miscellaneous** category.*

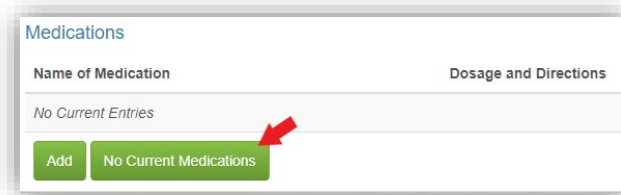


7. A pop-up window will open. Enter details of why you are requesting to change the allergy. Select **Save**.

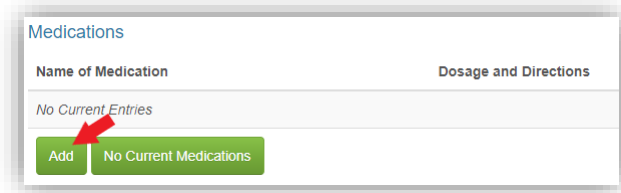


**Medication:** Add all medications that your child is currently taking along with the dosage.

1. If your child does not take any medications, select **No Current Medications**.



2. To add the medications, select **Add**.



3. A pop-up window will open. Enter the medication name, dosage, and frequency. Do not abbreviate any medication names.
4. Select **Save**.

**Add Medication**

Name of Medication

Dosage of Medication

Save Cancel

5. If the medication will be administered during school hours, either by Health Room staff or self-administered by your child, a separate **Request for Administration of Medication (RAM)** form will need to be completed.
  - a. Go to the **Form Download/Upload** section, then scroll to **Request for Administration of Medication (RAM)**.
  - b. Select **Download** to download the RAM form.

Form Download/Upload

Insurance Card

Discharge Summary

Immunization History

Exit Dependent Mode

Log Out

7. Request for Administration of Medication (RAM)- K to 12 only

1. Download the **KS Request for Administration of Medication** form.
2. Review the instructions on page 1, then complete and sign the form on page 2.
3. Have your child's regular healthcare provider complete and sign the form on page 2, if required.
3. Save a PDF or picture image of form.
4. Use the *Upload* button to upload the form to your child's record.
5. Click *Save*.

Download

Preview Download Upload

Status: Upload Required

- c. Complete the form then select **Upload** to upload the RAM as a scanned PDF or picture from your device.

Form Download/Upload

Insurance Card

Discharge Summary

Immunization History

Exit Dependent Mode

Log Out

7. Request for Administration of Medication (RAM)- K to 12 only

1. Download the **KS Request for Administration of Medication** form.
2. Review the instructions on page 1, then complete and sign the form on page 2.
3. Have your child's regular healthcare provider complete and sign the form on page 2, if required.
3. Save a PDF or picture image of form.
4. Use the *Upload* button to upload the form to your child's record.
5. Click *Save*.

Download

Preview Download Upload

Status: Upload Required

6. To edit any of the listed medications, select **Edit**.



Name of Medication	Dosage and Directions	
APHEN	(Unspecified) MG (Unspecified) Tylenol, direction not noted X INDEF	
EPINEPHRINE	0.3 MG/0.3ML SOLUTION AUTO-INJECTOR as needed X INDEF	

7. A pop-up window will open. Enter details of why you are requesting to change the medication. Select **Save**.

**Edit Medication**

Please specify the requested change and details to this medication:

**APHEN; Dosage: (Unspecified) MG (Unspecified) Tylenol, direction not noted X INDEF**

No longer taking this medication (please give discontinuation date and reason below)  
 Never started this medication  
 Taking medication but Dosage/Directions are not correct (please supply the correction below)

Details

**Medical Conditions:** Enter any medical conditions for which your child has received medical care within the last 5 years and/or have required an overnight admission to the hospital.

1. To add a new medical condition, select **Add**.

Abnormal vision	
Asthma requiring more than one medication	
Migraine (Age = 1)	
Severe allergic reaction requiring epipen	

2. Select any condition from the list of most common medical conditions by clicking on it. If you do not see a condition on the list, select **Add Other Conditions**.

**Add Medical Condition**

Medical

Only enter Medical Conditions for which you have received medical care within the last 5 years and/or have required an overnight admission to the hospital.

In the comments section of the medical condition, please indicate the severity of the condition and any triggers that might cause the condition to flare or worsen.

Select items directly from the list below or select **Add Other Conditions** to add items that are not on the list.

Acne	ADD/ADHD	Allergic Rhinitis/Hay Fever
Anxiety	Asthma/Reactive Airway Disease	Atopic Dermatitis/Eczema
Depression	Diabetes	Environmental Allergies
Headache	Hearing Loss/Disorders	Heart Conditions
History of Bone/Joint Problems	History of Concussion	Lactose Intolerance
Migraines	Scoliosis	Seizure Disorder
Vision Disturbance/Glasses		

**Add Other Conditions** Please use the **Add Other Conditions** button for significant items not included in the list above.

**No Known Medical Conditions**

**Save** **Cancel**

**Add Other Conditions**

Problem

Approximate Age at Onset

Comment

**Save** **Cancel**

3. In the comments section of the medical condition, please indicate the severity of the condition and any triggers that might cause the condition to flare or worsen. Select **Save**.

**Allergic Rhinitis/Hay Fever**

Approximate Age at Onset

Comment

**Save** **Cancel**

- To edit any of the listed medical conditions, select **Edit**.

*Note: If you would like to remove a medical condition that has been diagnosed by a provider in a prior Physical Evaluation Form, note, etc., a current provider's note stating that the student no longer has the medical condition is required. Please upload this document in the **Form Download/Upload** section, under the **Miscellaneous** category.*

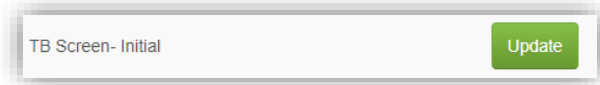
- A pop-up window will open. Enter details of why you are requesting to change the medical history. Select **Save**.

**Hospitalizations and Surgeries:** You will go through the same process as above to enter Hospitalizations and Surgeries/Procedures within the last 5 years or related to a current medical condition. Include the approximate date.

**After you finish editing the Health History, remember to select **Done** at the top or bottom of the page to save all of your changes!**

**TB Screen:** Required for new students.

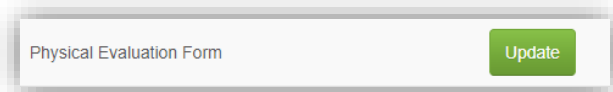
- To complete the TB requirements, select **Update** next to *TB Screen- Initial*.

A rectangular button with a light gray background and a thin border. On the left side, the text "TB Screen- Initial" is displayed in a dark gray font. On the right side, there is a green button with the word "Update" in white text.

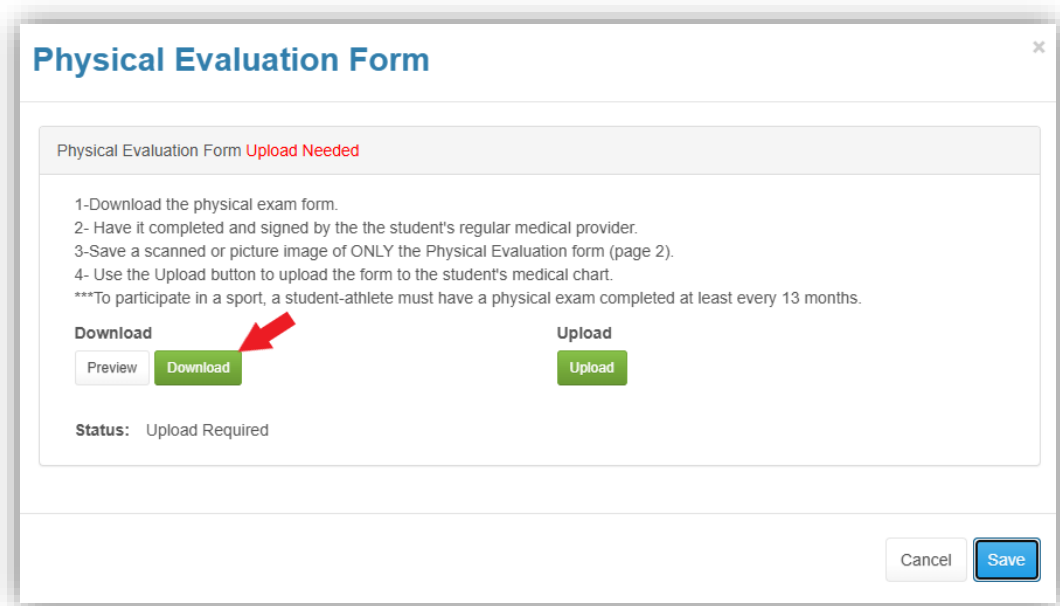
2. Answer all 11 questions and select **Submit** on the bottom of the screen.
3. If you answered “No” or “N/A” to all of the questions, no additional requirements are needed, and this satisfies your child’s TB screening requirement for medical clearance.
4. If you answered “Yes” to any of the questions, you will need to provide TB Clearance obtained by your primary care provider.

**Physical Evaluation Form:** Required for new students and returning students entering grades 3, 5, 7, 9, and 11.

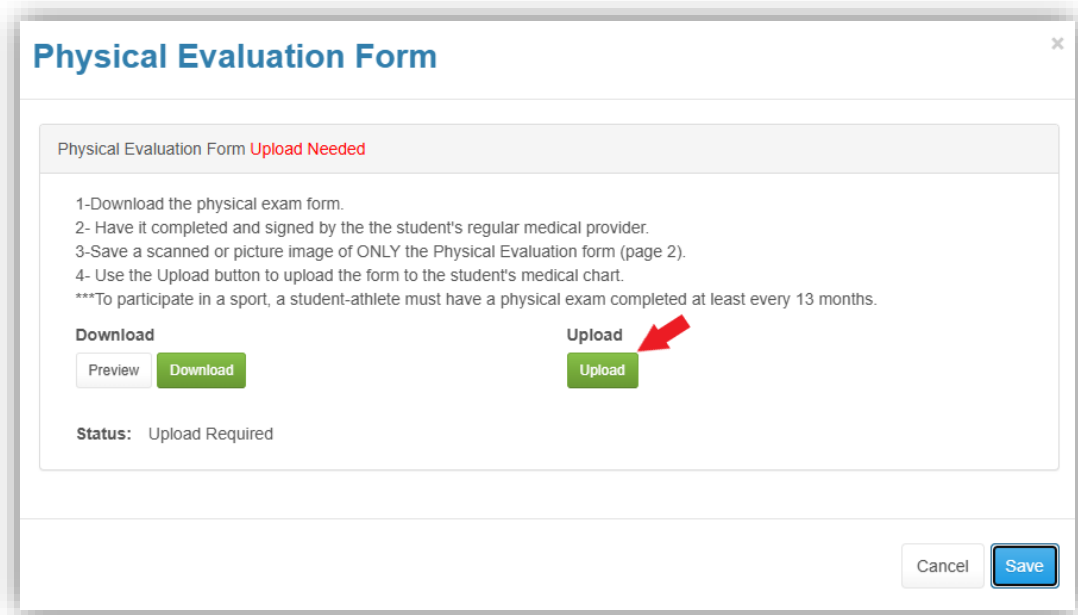
1. Select **Update** next to *Physical Evaluation Form*. A pop-up window will open.

A rectangular button with a light gray background and a thin border. On the left side, the text "Physical Evaluation Form" is displayed in a dark gray font. On the right side, there is a green button with the word "Update" in white text.

2. Select **Download** to download a copy of the Physical Evaluation form.

A screenshot of a pop-up window titled "Physical Evaluation Form" with a close button (X) in the top right corner. The window has a light gray header bar with the text "Physical Evaluation Form Upload Needed". Below the header, there is a list of instructions: "1-Download the physical exam form.", "2- Have it completed and signed by the the student's regular medical provider.", "3-Save a scanned or picture image of ONLY the Physical Evaluation form (page 2).", "4- Use the Upload button to upload the form to the student's medical chart.", and a note: "\*\*\*To participate in a sport, a student-athlete must have a physical exam completed at least every 13 months." Below the instructions, there are two sections: "Download" and "Upload". The "Download" section contains a "Preview" button and a green "Download" button, with a red arrow pointing to the "Download" button. The "Upload" section contains a green "Upload" button. At the bottom left of the window, it says "Status: Upload Required". At the bottom right, there are "Cancel" and "Save" buttons.

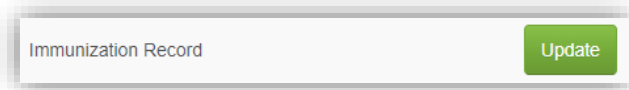
3. Select **Upload** to upload the completed PE as a scanned PDF or picture from your device.  
*NOTE: Only the second page of the PE form which is signed by your child’s health care provider is required to be uploaded to the portal. Do not upload the first page - this is to be completed prior to your child’s physical and is for your child’s health care provider’s reference.*



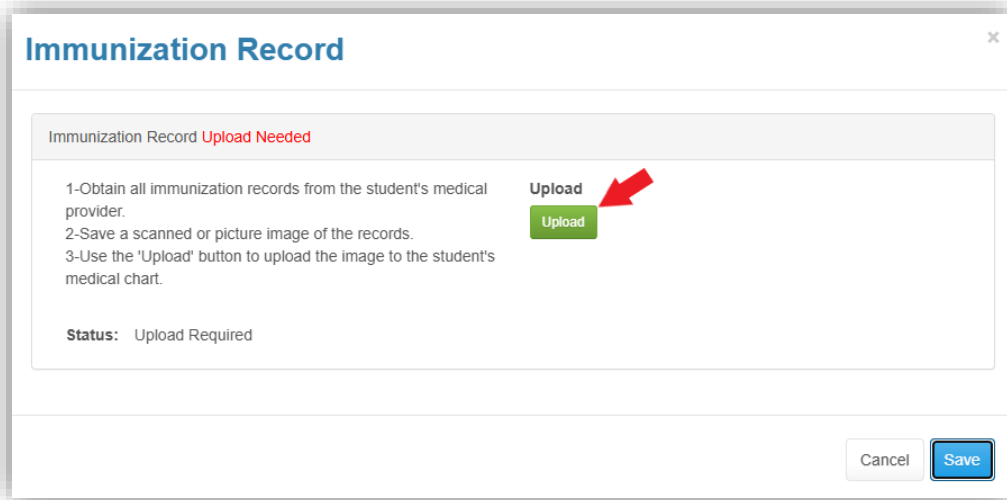
4. Once uploaded, you will be able to review the document before submitting it.
5. Select **Looks Good**.
6. Then select **Save**.

**Immunization Record:** An up-to-date immunization record is required for all new students. *If you have an immunization exemption, please call your designated health room for further assistance.*

1. Select **Update** next to *Immunization Record*. A pop-up window will open.



2. Select **Upload** to upload the immunization record as a scanned PDF or picture from your device.

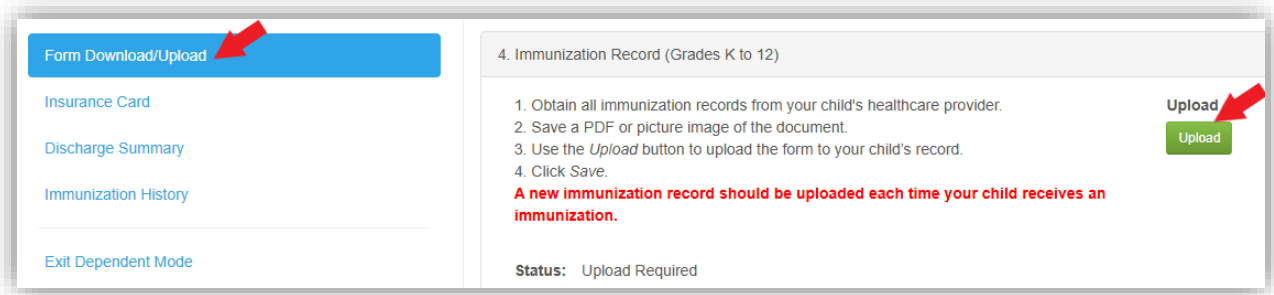


3. Once uploaded, you will be able to review the document before submitting it.

4. Select **Looks Good**.
5. Then select **Save**.

### Additional 7th Grade Immunization Requirements

1. The Hawai'i Department of Health also requires that all students entering 7th grade receive the following immunizations:
  - a. Tetanus, Diphtheria and Acellular Pertussis (Tdap)
  - b. Two (2) doses of Human Papilloma Virus (HPV)
  - c. Meningococcal Conjugate Vaccine (MCV)
2. Upload an immunization record that shows that your child received these immunizations.
  - a. Go to the **Form Download/Upload** section, then scroll to **Immunization Record**.
  - b. Select **Upload** to upload the immunization record as a scanned PDF or picture from your device.



### Completion of Medical Clearance

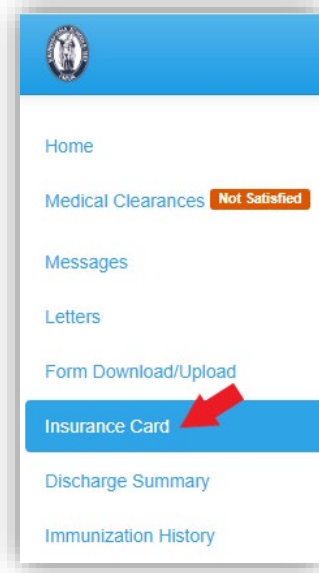
1. After you have entered all required information for Medical Clearance, the information will be automatically sent to the nurse for review.
2. Please allow 5 business days for processing before reaching out to your designated Health Room.
3. A nurse will contact you if any further information is needed regarding your child's medical condition, allergies, and/or medications.
4. Once the information is reviewed and verified, your child's overall medical clearance will change to *Compliant*. Within the Medical Clearance tab, the Overall Clearance Status will update to show a green checkmark and *Satisfied*.
5. This information will be reflected in Infinite Campus the following day.

### Residential Life Students

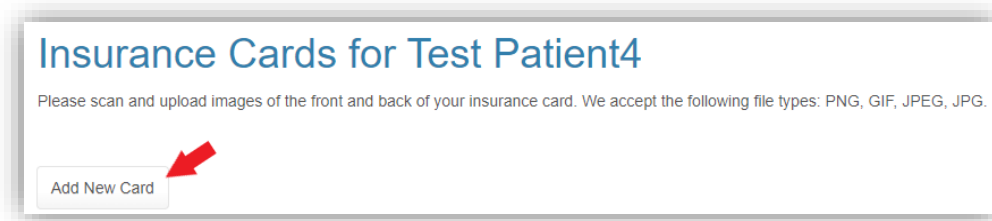
#### Uploading Insurance Card

If your child is a Residential Life student, please upload their medical insurance information.

1. Select **Insurance Card** on the left-hand panel.



2. Select **Add New Card**.



3. Enter your insurance card details in the pop-up.

**Add Insurance Card**

Member Name  **Upload Front Image**

Member ID  **Upload Back Image**

Group Number

Plan Provider

Plan Type

Copay

Full Address

Web Address

**Save** **Cancel**

4. Upload a picture of the front of your insurance card by selecting **Upload Front Image** and selecting a photo from your device.



5. After reviewing the photo you uploaded, select **Looks Good**.

**Verify Upload**

Does this image look correct? If it looks wrong for any reason (i.e., wrong orientation, too bright or dark, needs to be cropped), click **Edit Image** and use the image editor controls to adjust the image as appropriate.

Insurance Card

**Cancel Upload** **Edit Image** **Looks Good**

6. Upload a picture of the back of your insurance card by selecting **Upload Back Image** and selecting

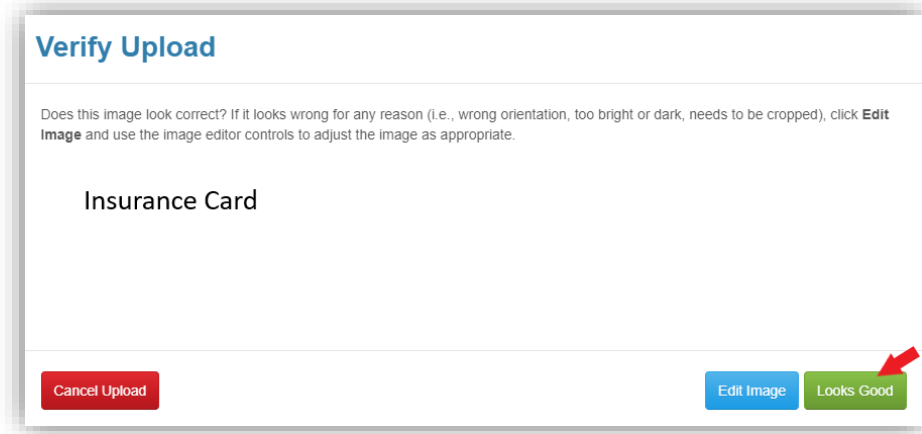


a photo from your device.



Upload Back Image

7. After reviewing the photo you uploaded, select **Looks Good**.



**Verify Upload**

Does this image look correct? If it looks wrong for any reason (i.e., wrong orientation, too bright or dark, needs to be cropped), click **Edit Image** and use the image editor controls to adjust the image as appropriate.

Insurance Card

Cancel Upload Edit Image Looks Good

8. After reviewing everything that you entered, select **Save**.



Save